

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title::

OMNIPORTLET - DECLARATIVELY PUBLISH  
DATA IN A PORTAL WITHOUT CODE

021756-003300US

Attorney Docket Number::

Request for Early Publication::

No

Request for Non-Publication::

No

Suggested Drawing Figure::

2

Total Drawing Sheets::

12

Small Entity?::

No

Latin name::

Variety denomination name::

Petition included?::

No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.::

No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United Kingdom  
Status:: Full Capacity  
Given Name:: Stephen  
Middle Name::  
Family Name:: Burns  
Name Suffix::  
City of Residence:: Palo Alto  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 801 Kipling Street  
City of Mailing Address:: Palo Alto  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94301

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United Kingdom  
Status:: Full Capacity  
Given Name:: Robin  
Middle Name::  
Family Name:: Fisher  
Name Suffix::  
City of Residence:: Palo Alto  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 815 University Avenue  
City of Mailing Address:: Palo Alto  
State or Province of mailing address:: CA

Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94301

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

|                              |                         |                       |
|------------------------------|-------------------------|-----------------------|
| Representative Designation:: | Representative Number:: | Representative Name:: |
| Primary                      | 37,234                  | William L. Shaffer    |
| Associate                    | 48,602                  | Brian N. Young        |

### **Domestic Priority Information**

|                  |   |                      |                      |
|------------------|---|----------------------|----------------------|
| Application::    | Continuity Type::                               | Parent Application:: | Parent Filing Date:: |
| This Application | An Appn claiming benefit under 35 USC 119(e) of | 60/501,492           | 9/8/03               |

### **Foreign Priority Information**

|           |                      |               |
|-----------|----------------------|---------------|
| Country:: | Application number:: | Filing Date:: |
|-----------|----------------------|---------------|

### **Assignee Information**

Assignee Name::  
Street of mailing address::  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::